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TRIP REPORT NO. CAR/KAZ-?

FINANCIAL SYSTEMS DEVELOPMENT AND WORKSHOP FOR FAMILY PRACTICE PHYSICIANS IN SEMIPALATINSK OBLAST, KAZACKSTAN

December 14-21 1996
Semipalatinsk, Kazackstan

Prepared under Task Order ? by:
George P. Purvis, MBA, FACHE

Submitted by the Zdrav*Reform* Program to:
AID/ENI/HR/HP

:

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Moscow, Russia; Almaty, Kazakhstan; Kiev, Ukraine

FINANCIAL SYSTEM DEVELOPMENTS

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I. EXECUTIVE SUMMARY:

The health system of the Semipalatinsk Oblast is in the process of undergoing a major transition from the traditional Soviet model, dominated by medical specialists, to a primary care oriented family medicine delivery system. A Mandatory Health Insurance Fund (MHIF), with a capitated rate to cover the family practitioner population, and a per case payment system for hospitals is being established. The biggest change is the privatization of all health facilities except dispensaries. This rapidly changing system is in need of effective and efficient accounting, financial, budget, and management information systems for the family group practice physicians and the MHIF.

The objectives of this consultant's first trip to the Semipalatinsk Oblast were to continue to assist with the training, design, development, and institutionalization of the information, accounting, financial, and management systems to support the MHIF and its major components (hospitals, polyclinics, SVA/FAP Complexes {SVC's}). A further objective was to continue training and development of the Family Medicine Physicians in the new environment. including business plan training and development for the new SVC physicians and economists.

The results of these consulting activities were as follows:

- Conducted a training program for the new Family Practice Physicians in the areas of Alternative Payment Systems, Clinical Information Systems, Accounting, Finance, Budgeting, and Physician Productivity.

- Conducted a training workshop for Chief Physicians in Semipalatinsk Oblast on developing strategic, operating, and business plans for Family Group Practices.

- Met with OHD/MHIF counterparts to discuss privatization, competition, issues training needs, financial and management systems priroties, as well as to establish future relationships.

- The seminar was attended by 92 physicians and staff of Semipalatinsk Oblast.

II. BACKGROUND:

This trip report is a review of the work which occurred during the period 14 -21 December, 1996. This was the consultant's first visit to the Semipalatinsk Oblast Kazackstan. The major focus of this trip was the continuing training design, development, and implementation of Family Practices (SVC's) and the Mandatory Health Insurance Fund (MHIF). The definitive objectives and Scope of Work (SOW) are listed below, and also appear in the Appendix Section of this report.

III. OBJECTIVES:

The SOW, major objectives, tasks and outputs for this consultant were as follows:

- Prepare relevant materials for a two day workshop on the design and development of medical and financial information systems for a group of newly designated family physicians

- Conduct training and workshops as necessary for the new Family Physicians and Family Medicine Group Practitioners and other counterparts on various issues and programs.

- Conduct a two day training program for Chief Physicians and OHD Economists on financial planning, accounting, and budgeting for SVC's.

- Meet with OHD and MHIF executives and assess the development of privatization efforts for all health facilites, as well as to discuss the development and operation of the MHIF in the Semipalatinsk Oblast

IV. SEMINAR/WORKSHOP PROGRAM DESCRIPTION

The course is designed as an interactive process of allowing the participants to bring out the various issues in their own environment which are in need of change in light of the new economic conditions prevailing at the moment. This is done through a series of strategic planning exercises that bring out the major strengths, weaknesses, opportunities and threats in their own institutions and the health systems as a whole. The participants are then taken through a process of defining what Mission and Purpose they are trying to accomplish, and finally through a Vision exercise to discuss what they would like to see happen in the next 3-5 years in the health system in Semipalatinsk. This material and the strategic planning process is supplemented with information and statistics to show the participants how they compare with others.

The methodology utilized in the seminars is a conference leadership technique (as opposed to a lecture format) which allows the participants to develop a list of their own problems and opportunities, and then takes them through a process of finding solutions to their own problems by themselves The seminar is designed to be highly interactive and has a minimum of formal lecture material. The concluding exercise requires that participants develop a workplan for the next six months of activity.

The consultant/seminar leader was George P. Purvis, MBA, FACHE, who has worked in five other CIS countries during the last three years with Abt Associates and the Zdrav Reform Project. Mr Purvis has twenty plus years of health and hospital management experience working in twenty five different countries, and has presented many seminars of this type during the last ten years.

V. FINDINGS AND RECOMMENDATIONS

A. SEMINAR AND FAMILY PRACTICE UPDATE

1. BACKGROUND

The Semipalatinsk Oblast has initiated a number of major health reforms. It has set up rural SVA/FAP complexes (SFC's), which are similiar to the FGP's in Karakol, and have been granted autonomy from the Central Rayon Hospitals (CRH), and are on a capitated rate which is different for each rayon. In the urban areas a series of combined adult/children's miropolyclincis have been set up and are operating. There is a Mandatory Health Insurance Fund (MHIF) that is collecting funds and paying providers (hospitals, micropolyclinics, and SFC's). There are plans to begin privatization of facilities, but the specifics about these plans are still sketchy but are moving ahead(see discussion by Askar Chukmaitov, Dec. 1996). This was confirmed in our meetings with the head of the OHD. While they are going ahead with privatization of most health care facilities, they do not have the blessing of the Minister of Health, and in most cases "they do not know what they are getting into". However, they are committed to trying things and fixing it later, and this is commendable, as long as they can survive politically in the process.

These new SFC'S, the polyclinics, and the MHIF are in need of a clinical and financial information system which collects and reports data and statistics on workload, referrals, disease categories, budget, finance, cash flow, and a variety of statistical and financial information. The Zdravreform program has suggested some forms and a data collection system. The seminar on December 17-18, 1996 was designed to meet the beginning educational needs of these groups for this type of information.

There is no need here to repeat all of the various information from the Semipalatinsk Oblast as these are presented in the Trip Report by J. Langenbrunner of April, May, and July 1996 and the Site Summary by C. Wickham of September 1996. The update of A. Chukmaitov of December 1996 outlines many of the issues that are unresolved or outstanding with regard to privatization and MHIF activities.

2. SFC CLINICAL, FINANCIAL, AND MANAGEMENT INFO SYSTEM

The need to collect, report, and analyze clinical and financial data and statistical information is basis to all type of health insurance and health delivery systems. As the primary care practitioner (nurse, feldsher, or physician) is usually the first level of entry into the system, this is the best place to begin the data collection experience. Based on the experience from the Karakol IDS Zdravreform Program, the involvement of the physician at the lowest level is critical to the success of the program. It is the physician and the physician extender that will need to begin the collection process and will need to maintain the system of reporting, analyzing and using this information. The data collection sheet developed form Karakol was designed to capture all of the key information required of a Health Insurance System. The key elements are workload,

referrals, and disease classifications. The various levels of information are well documented in the Purvis reports from Karakol of 1995 and 1996 (see Appendix-Bibliography). The system being developed for Semipalatinsk is similar to the Karakol System and is designed to collect and report the same basic data elements.

The December seminar in Semipalatinsk highlighted the needs, the uses, the abuses, the collection, and the analysis of this data in a capitated health insurance system. The seminar presented a number of examples of the proposed forms for collection, the methods of collection, the need for analysis and reporting, and the best utilization of this information. Participants were given an opportunity to question the forms, the data, and the proposed utilization of this information for planning and control purposes.

3. BUDGETING/PRODUCTIVITY SYSTEMS FOR SFC's

The basis for most management accounting and financial systems is the development and implementation of a budget process for the entity. Budgets are the most basic planning and control tool and provide the vehicle for control systems to ensure things are going as planned, or to identify areas for correction. The SFC's are in need of an effective budget system to provide the MHIF/OHD with information on each SFC and on the SFC's as a whole. The budget system has been designed to capture most of the key information needed to effectively manage the practice and to provide the MHIF/OHD with important information. The budget system has been designed to forecast and to track on a monthly basis the key indicators in the clinical, financial, and management information system:

1.) workload: (visits, procedures, and other indicators now on the data sheet);
2.) referrals: (to specialists, to paraclinical services, and admissions to hospitals;
3.) disease information: (using ICD-9 coding).
4.) Revenues: (MHIF, User Fees, OHD, other)
5.) Expenses: (Salaries, Taxes, Supplies, Rent, Capital Items, etc.)
6.) Cash: (Inflows and outflow forecast and actual)

The second key component of an effective budget system is the development and implementation of a monthly budget variance reporting system. This is a necessary component of the system in order to highlight budget vs. actual differences, and to verify variances from budget (the plan), the degree of variance, the reasons for the variance, and what if any action needs to be taken. An effective budget vs. actual reporting system has been developed and will be put into effect when the funds begin to flow and some actual variances can be noted and explained by the Practice Managers. The Office Practice Managers have been trained in the development and implementation of a budget system and variance reporting system for each SFC.

The development of an effective accounting and budgeting system will prepare the way for the development of productivity and performance reports for the SFC. With capitated and managed care systems, especially in a group practice, it is important to monitor the productivity and performance of each physician in the practice. As the total net income of the group practice is dependent on the performance of each physician, it is

important to note which physician(s) are exhibiting the "preferred" types of behavior and which are not. Monitoring this performance will allow physicians to learn from each other and to take corrective action when necessary. As an example, if one physician has a referral rate of twice the group average then there "could be" a problem with his/her practice methods. In the process of monitoring workload, referrals, admissions, and diagnosis the PM can assist in alerting the physicians of possible areas of concern. The performance reports are designed to monitor workload, referrals, disease information, as well as income/expense for each physician. While we know that different types of physicians have different referral and admission rates, the concept of Family Group Practice should allow each physician to be gravitate "toward the mean" in practice behavior. In reviewing data with physicians, they can see for themselves who is pulling their weight and who is not, and this often acts as a self correcting mechanism. Other important reports will be a Utilization Review Report, an Out-Patient Referrals Report, and a Hospitalization Report.

During the seminar in December participants were given examples of these reports and were given an opportunity to question utilization of this information. Discussion of these reports was a key topic of the seminar/workshop. The last group exercise in the workshop has participants doing a six month plan for the various management and financial activities they should undertake in this period.

5. PRIVATIZATION OF HEALTH FACILITIES

During the visit we had a productive discussion with Serikbol Musinov, Head of Oblast Health Department and separately with his deputy, Kadyr Aldyngurov. They both was open and frank about the privatization efforts which are underway and will be instituted and hopefully complete step #1 in 1997. With the exception of the dispensaries and the nursing home type facilities, they are committed to privatizing all other facilities (SVA, FAP. SUB, Rayon and Central Rayon Hospitals (CRH), and Oblast polyclinics and diagnostic centers). The TB and infectious disease parts of the CRH will be split off and managed separately as part of the OHD public health service. The in-patient and out-patient parts of the CRH's will be separated and out-patient are will become more like SVA/FAP complexes. The privatization will be done in two steps. Step one will be "trustful management" contracts with one individual or one group entity; and step two will be by open tender. Each group will submit a complete business plan (goals, organization, statistics, costs, revenues, quality, etc.) which will be reviewed and awarded by an OHD oversight committee. Apparently every facility has an individual or group who would like to be the trustful management.

The contracts will be for two (2) years and the OHD will review quarterly the finances, quality, service issues for each contract. At the end of two years the facilities may be given to or sold to each contract group. Contractors have the right to hire and fire staff (using employment contracts), institute user fees, arrange credit lines with banks, and conduct other business affairs of the facility. The original catchment areas will be retained in the beginning but may go to open enrollment over time.

The facilities will *not* have a board, council, or committee to oversee management in the beginning, but this may change after the initial two year period. The oversight function will come from the OHD oversight committee for privatization.
The OHD has been given only Tenge 2 Billion for 1997 which is too little to provide adequate care, but it is hoped that privatization will bring efficiencies in the operation. The OHD head said that staff reaction or over reaction has been his biggest problem, but they are committed to personnel working hard and adding value to the service, and being judged accordingly. It is felt that privatization is needed to make staff change their attitudes and behavior from a planned economy to a more free market approach in the Oblast. It was unclear if facilities would be allowed to go bankrupt or cease operation, and it was unclear if all facilities have entities interested in buying the facility after privatization. It is also unclear how rationalization activities will be developed and carried out at the dispensaries. However, it is clear that they are going ahead, barring any new political developments at the national or local level. They have taken and a "do it, try it, fix it" approach which is commendable. It is a grand scheme and we should support this effort at privatization with resources and training as necessary, and we should watch it carefully for successes and failures. It will have wide application elsewhere if it is successful.

B. NEXT STEPS

The trip to Semipalatinsk was a short one for the consultant, and most to the time was spent on the seminar with little time to meet with many of the counterparts nor much time to actually review the system changes in detail. Consequently, the following next steps in information and financial systems (which follow the Karakol experience) should be taken as preliminary and are the result of paper reviews and brief discussions with counterparts and seminar participants, and are not meant to be final. This 1997 workplan should be tempered to fit in with the privatization efforts, but allowing new managers to use new information systems not congruent with the needs of the MHIF/OHD is a recipe for disaster. Consequently the OHD must take a leadership role in the data collection, submission, reporting, and verification process:

- Begin discussion of the need for and financing of Practice Managers (PM's) or developing a system of cross training existing personnel at the larger complexes or one position to cover 2-3-4 complexes as in Karakol, or continue CRH assistance;
- Finalize the data collection form and input design to the database computer program from the SVA-FAP complexes (SFC) using the Clinical Information worksheets which will need to be finalized and implemented at all facilities (*preliminary design has been given by Zdrav but is limited to experimental sites);*
- A computerized database reporting program will need to be developed and should be used to generate reports to the MHIF and physicians in the FGP's on their workload, referrals, ICD-9 disease codes, and to get the physicians more involved with the collection, reporting, interpretation, and utilization of this data on an on-going basis *(PM's have been successful with this in karakol).*
- The SFC's will need to begin to collect, verify, tabulate and input these data forms to the computer program at the end of each day, or at least by the end of each week.

(This is a big workload issue and needs someone assign permanently to this task as the PM's are in Karakol).

- Develop a Business Plan for each SFC which has goals, organization, staffing, revenues, expenses, quality assurance, etc.
- Develop a monthly and annual budget for 1997 for each SFC practice, including monthly statistical, revenue, and expense categories using 1996 data as a guide. *(This is a beginning effort but must be started with data available or best guess scenarios)*
- Implement basic structure of accounting and management information systems for SFC's using the Karakol model as a base line to begin their efforts. *(This could be done by having Lena from Karakol go and visit Semipalatinsk)*
- Develop and implement a monthly budget variance report *(same as above)*
- Develop physician and group practice productivity reports *(same as above)*
- Develop and finalize an Out-Patient Fee Schedule for Polyclinics and other out-patient services (*It is unclear on how they will be paying polyclinic services)*
- Implement information systems reporting to/from the MHIF and the SFC's
- Develop and implement an internal audit and control system for referrals, ancillary tests, and hospital admissions between MHIF, hospitals, polyclinics, and SFC's.
- Develop and Implement Internal Control Systems into the BHIF and SFC cash collection and financial systems.
- Develop and implement a "punitive" payment system to eliminate self-referrals to specialists and hospital if this is perceived as a problem.
- Develop a method of updating and working with the "prekazes" in order to ensure that they do not offset the overall objectives of the project for reducing the number of referrals to specialists and subspecialits *(from Karakol experience)**;***
- Develop a detailed "Sources and Uses" of Funds Budget to ensure all items in the total health/medical systems are being considered *(from Karakol experience).*
- Develop a schedule of standardized user fees and initiate training and implementation.
- Initiate standardized registration, and referral form, and reporting process (specialists, ancillary services-lab, etc.), and hospital admissions procedures
- Secure necessary equipment/supplies to improve Dx and Tx at the SVC's.
- Initiate training and educational programs for physicians in primary care techniques *(similar to the karakol experience*)
- Develop course materials and training of PM's in Office Practice Management, accounting, business, finance, and MIS
- Begin audit of the internal control systems of the MHIF/SVC finance systems.
- Develop and implement contracts between OHD and MHI fund and each SVC as SVC's move more toward privatization and independence.
- Begin to analyze data from SVC's and MHI with respect to changing behavior.
- Initiate and strengthen rationalization and consolidation/merger of OHD dispensary facilities as education and treatment changes begin to take effect.

VI. MONITORING AND EVALUATION

The process of monitoring normally involves a review of actual accomplishments against the original plans. Discussion centers around what went well and what did not, as well as why they did or did not go well, and finally making adjustments to future plans. **With respect to the consultant's Findings and Recommendations:**

- Were the findings and recommendations reviewed in a timely manner with Almaty, Bethesda, the Oblast Health Department, and USAID? A period of 6-8 weeks (February 15-30)would be considered timely but possibly 8-10 weeks with translation difficulties (March 15-30).
- Were decisions taken in a timely manner with respect to the recommendation, and were any follow up studies conducted to verify or develop further? A period of 3-4 months would be reasonable (April 15).

VII. TRIP ACTIVITIES:

November 30/31: Travel from Philadelphia to Ashgabat, Turkmenistan via Frankfurt and Istanbul to arrive one day before seminar.
December 1-6: Conduct Workshop for USAID AED/NET Project in Ashgabat, Turkmenistan with coordination of Abt Associates Almaty office.
December 6-13: Travel to Tashkent and met with Michael Borowitz and Shasha Telyukov and Uzbekistan DOH representatives, and conducted workshop/seminar.
December 14: Travel from Tashkent to Almaty and met with Almaty staff.
December 15: Met with Almaty staff to review SFC training program needs.
December 16/17: Fly to Semipalatinsk and met with OHD Semipalatinsk counterparts to review ideas for presentation of financial issues.
December 18/19: .Conducted workshop for Semipalatinsk physicians and met with ODH and MHIF heads and counterparts and travel from Semipalatinsk to Almaty
December 20: Met with Almaty staff to review findings and recommendations
December 21: Travel from Almaty to Philadelphia via Frankfurt - Inshallah!.

VIII. REFERENCES:

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B. PERSONS CONTACTED

Almaty:

Abt Office:
Michael Borowitz, MD, Regional Director
Alcazar Chukmaitov, Interpreter
Marina Poltorakina, Office Manager
Barbara Hollaway, Office Administrator

Semipalatinsk:
Serikbol Musinov, Head of Oblast Health Department
Kadyr Aldyngurov, Deputy Head of OHD
Marina Orazgalieva, Director Mandatory Health Insurance Fund

Semipalatinsk Seminar Participants:

The original design of the workshop was for 30-40 physicians from the SVA-FAP complexes, but this was changed by the head of the OHD to allow a wider audience to attend. The seminar was attended by 92 participants from a variety of health organizations. Instead of the names of each of the 92 participants, listed below are the number of participants from each type of organization. The list of each name is available in the Almaty Abt office for anyone interested in the exact names and positions. The group was primarily Chief Physcians of the various facilities.

Type of Organization	**Number of Participants**
Oblast Health Department	5
Mandatory Health Insurance Fund	4
SVA-FAP Complexes	27
Central Rayon Hospitals	14
SUB's	2
City and Oblast Health Facilities	24
Polyclinics	11
Micropolyclinics	3
Medical School	2
Total	92

D. LIST OF ACRONYMS

ALOS	Average Length of Stay
APTK	Russian acronym for a primary care group practice, consisting of (A) an obstetrician-gynecologist, (P) a pediatrician, (T) a therapist or internist, and in some areas (particularly rural sites) a midlevel practioner or physician extender (known as a Feldsher, and (K) for complex (APTK)
BHIF	Mandatory Health Insurance Fund, also MHI, also Kassa
CFO	Chief Financial Officer
CRH	Central Rayon Hospital
FGP	Family Group Practice (new name for APTK or SVC)
IDS	Intensive Demonstration Site
CIS	Clinical Information Systems/Commonwealth of Independent States
KASSA	Cash-holding agency, Manatory Health Insurance Fund, MHIF/BHIF
MHIF	Mandatory Health Insurance Fund
MIS	Management Information Systems of Medical Information System
MOF	Ministry of Finance
MOH	Ministry of Health
OHD	Oblast Health Department
PM	Practice Manager or Office Practice Manager
SFC	SVA/FAP Complex
SOW	Scope of Work
USAID	United States Agency for International Development

IX. ANNEXES

A. CONSULTANT SCOPE OF WORK

NAME: George P. Purvis

DATES OF VISIT: December 1-21, 1996 (3 weeks)

COLLABORATING ZDRAVREFORM MEMBERS: O'Daugherty/Milslagle

WORK SITES: Karakol, Kyrgyzstan

TASKS:

1. Conduct a Board/Management workshop for the new board and management of the Mandatory Health Insurance Fund:

2. Conduct a workshop for Chief Physicians and Economists in the areas of "Effective Management of Health Services in the new Environment";

3. Continue training practice managers in FGP financial, accounting, budgeting, and clinical information systems, management and reporting:

4. Monitor and continue the full implementation of the hospital inpatient payment system and the outpatient payment system..

5. Finalize implementation of Stage II of the Clinical, MIS for FGP's, including budgeting, accounting, and banking processes required for primary care portion of the fundholding system

OUTPUTS:

1. Materials for workshops on Board/Management Relationships, Chief Physcians and Economist, and FGP Practice Manager workshops;

2. Report summarizing progress on implementation of the hospital payment system, outpatient payment system, and autonomy in health facilities;

3. Recommendations on the implementation on Stage II and III of the MIS.

4. Recommendations on implementation of management autonomy in the OHD.

Note: Due to changes in priorities this SOW was revised to seminar format

B. EXHIBITS

EXHIBIT 1
AGENDA FOR FGP WORKSHOP
DECEMBER 18-19, 1996
SEMIPALATINSK, KAZACKSTAN

I. INTRODUCTION
- **OBJECTIVES**
- **EXPECTATIONS, WORKSHOP STYLE AND BEHAVIOR**

II. STRATEGIC THINKING IN THE NEW ENVIRONMENT
- **THE STRATEGIC THINKING PROCESS**
- **ENVIRONMENTAL ASSESSMENT (STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS)**
- **MISSION AND VISION**

III. THE CHANGING WORLD SITUATION IN HEALTH CARE
- **INTERNATIONAL COMPARISONS**
- **CIS ADVANTAGES/DISADVANTAGES**
- **TRENDS IN HOSPITAL CARE**
- **MEDICAL SYSTEMS DESIGN**
- **EIGHT MEGATRENDS**

IV. ALTERNATIVE PAYMENT SYSTEMS
- **HISTORICAL METHODS**
- **GLOBAL BUDGETS AND CAPITATION**
- **ADVANTAGES AND DISADVANTAGES**

V. FGP BUSINESS PLANNING AND MANAGEMENT
- **THE MANAGEMENT PROCESS**
- **CLINICAL INFORMATION SYSTEMS**
- **DEVELOPING A BUSINESS PLAN**
- **UTILIZING A PRACTICE MANAGER**

VI. KEY ISSUES IN SVC DEVELOPMENT
- **DATA AND INFORMATION**
- **MARKETING**
- **EXPENSES, REFERRALS, AND REVENUES**
- **BUDGETING AND PERFORMANCE/PRODUCTIVITY**
- **PUTTING IT ALL TOGETHER**
- **DEVELOP WORKPLAN FOR NEXT SIX MONTHS**